

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

	(Type of Trace ordany)		Water 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997 1 1997
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Toyofuku	Robert	S.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., #902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
Hawaiian Humane Society	946-2187		
MAILING ADDRESS (Street)	FAX		
2700 Waialae Ave.		955-6034	
(City)	(State)	(Zip Code)	
Honolulu	н	96826	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Pamela Burns		946-9067	
MAILING ADDRESS (Street)		FAX	
same		same	
(City)	(State)	(Zip Code)	
same			

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	☐ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	☐ Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	✓ Other: (indicate below) animal cruelty		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections	arminal orderty		
PART IV CERTIFICATI	ON OF LOBBYIST	- :- to the book of my long Mag	day correct and complete		
I hereby certify that t	he information furnished abov	ve is, to the best of my knowled	_		
(Dobel	I Destutu	(dh	masy 2,200T		
- Jave	(Signature of Lobbylist)		(Date)		
****	(-3				
PART V AUTHORIZA	TION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Pamela Burns	President and CEO				
NAME OF ORGANIZATION (if	f applicable)		TELEPHONE		
Hawaiian Humane Society			946-2187		
MAILING ADDRESS (Street)			FAX		
2700 Waialae Ave.			955-6034		
(City)	(State) (Zip Cod		(Zip Code)		
Honolulu	HI		96826		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
	Authorizing Officer or Person Repre	esented)	(Date)		